

CC
19-1
AG

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Bt	299	01-11-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ Rejected
- = Allowed
- (Through numeral)... Canceled
- ÷ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final Original	5 4 10 4 7 8
26	5 29 2 24 5
27	01 02 02 08 02 04
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35	✓ ✓ = = = ✓
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Claim	Date
Final Original	5 4 10 4 7 8
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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